

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

|                          |                 |
|--------------------------|-----------------|
| Attorney Docket Number   | F-5629          |
| First Named Inventor     | William H. Cork |
| <b>COMPLETE IF KNOWN</b> |                 |
| Application Number       | /               |
| Filing Date              |                 |
| Group Art Unit           |                 |
| Examiner Name            |                 |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAL SYSTEM, METHOD AND APPARATUS EMPLOYING MEMS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

07/03/2001

as United States Application Number or PCT International

Application Number PCT/US01/21188

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.


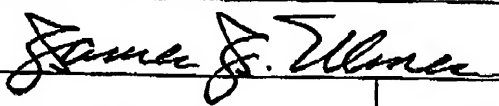
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                  |                          | YES                      | NO                       |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION — Utility or Design Patent Application

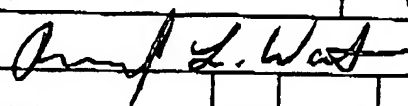
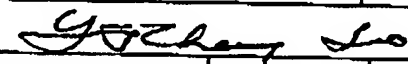

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| Direct all correspondence to: <input type="checkbox"/>   |  | Customer Number<br>or Bar Code Label <input style="width: 100px;" type="text"/> |  | OR <input checked="" type="checkbox"/> Correspondence address below |  |
| Name <b>Bradford R. L. Price</b>   |  |   |  |   |  |
| Address <b>Baxter Healthcare Corporation<br/>Fenwal Division, RLP-30<br/>P.O. Box 490 - Route 120 &amp; Wilson Road</b>  |  |   |  |   |  |
| City <b>Round Lake</b>   |  | State <b>IL</b>   |  | ZIP <b>60073</b>  |  |
| Country <b>USA</b>   |  | Telephone <b>(847) 270-2632</b>   |  | Fax <b>(847) 270-2658</b>   |  |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> |  |   |  |   |  |
| NAME OF SOLE OR FIRST INVENTOR :   |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor   |  |   |  |
| Given Name<br>(first and middle [if any]) <b>William H.</b>  |  |   | Family Name<br>or Surname <b>Cork</b>  |   |  |
| Inventor's<br>Signature    |  |   |  | Date <b>9/7/01</b>  |  |
| Residence: City <b>Lake Bluff</b>  |  | State <b>Illinois</b>   |  | Country <b>USA</b> Citizenship <b>USA</b>                           |  |
| Mailing Address <b>439 W. Sheridan Place</b>   |  |   |  |   |  |
| City <b>Lake Bluff</b>   |  | State <b>Illinois</b>   |  | ZIP <b>60044</b> Country <b>USA</b>                                 |  |
| NAME OF SECOND INVENTOR:   |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor   |  |   |  |
| Given Name<br>(first and middle [if any]) <b>James J.</b>  |  |   | Family Name<br>or Surname <b>Ulmes</b> |   |  |
| Inventor's<br>Signature   |  |   |  | Date <b>10/10/01</b>  |  |
| Residence: City <b>Lake Zurich</b>   |  | State <b>Illinois</b>   |  | Country <b>USA</b> Citizenship <b>USA</b>                           |  |
| Mailing Address <b>575 Cortland Drive</b>  |  |   |  |   |  |
| City <b>Lake Zurich</b>  |  | State <b>Illinois</b>   |  | ZIP <b>60047</b> Country <b>USA</b>                                 |  |
| <input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.  |  |   |  |   |  |

Please type a plus sign (+) inside this box → ☐

Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 2

|  |   |   |               |
|--|---|---|---------------|
| Name of Additional Joint Inventor, if any: |   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |               |
| Given Name (first and middle (if any))     |   | Family Name or Surname  |               |
| Richard L.                                 |   | West  |               |
| Inventor's Signature                       |    |   | Date 10/9/01  |
| Residence: City                            | Lake Villa  | State Illinois  | Country USA   |
| Post Office Address                        | 37162 N. Lake Shore Drive   |   |               |
| Post Office Address                        |   |   |               |
| City                                       | Lake Villa  | State Illinois  | ZIP 60046     |
|  |   | Country   | USA           |
| Name of Additional Joint Inventor, if any: |   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |               |
| Given Name (first and middle (if any))     |   | Family Name or Surname  |               |
| Ying-Cheng                                 |   | Lo  |               |
| Inventor's Signature                       |  |   | Date 10-02-01 |
| Residence: City                            | Green Oaks  | State Illinois  | Country USA   |
| Post Office Address                        | 225 Fox Run Road  |   |               |
| Post Office Address                        |   |   |               |
| City                                       | Green Oaks  | State Illinois  | ZIP 60048     |
|  |   | Country   | USA           |
| Name of Additional Joint Inventor, if any: |   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |               |
| Given Name (first and middle (if any))     |   | Family Name or Surname  |               |
| Mark C.                                    |   | Weber   |               |
| Inventor's Signature                       |  |   | Date 9/17/01  |
| Residence: City                            | Algonquin   | State Illinois  | Country USA   |
| Post Office Address                        | 800 Birch Street  |   |               |
| Post Office Address                        |   |   |               |
| City                                       | Algonquin   | State Illinois  | ZIP 60102     |
|  |   | Country   | USA           |


Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

|  |        |   |             |
|--|--------|---|-------------|
| Name of Additional Joint Inventor, if any:   |        | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))   |        | Family Name or Surname  |             |
| Kyungyoon  |        | Min   |             |
| Inventor's Signature  |        | Date Dec 10, 2001   |             |
| Residence: City  | Gurnee | State   | IL          |
|  |        | Country   | USA         |
|  |        | Citizenship   | South Korea |
| Mailing Address  |        |   |             |
| Mailing Address 7267 Clem Drive  |        |   |             |
| City   | Gurnee | State   | IL          |
|  |        | ZIP   | 60031       |
|  |        | Country   | USA         |
| Name of Additional Joint Inventor, if any:   |        | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))   |        | Family Name or Surname  |             |
|  |        |   |             |
| Inventor's Signature   |        | Date  |             |
| Residence: City  |        | State   |             |
|  |        | Country   |             |
|  |        | Citizenship   |             |
| Mailing Address  |        |   |             |
| Mailing Address  |        |   |             |
| City   |        | State   |             |
|  |        | ZIP   |             |
|  |        | Country   |             |
| Name of Additional Joint Inventor, if any:   |        | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))   |        | Family Name or Surname  |             |
|  |        |   |             |
| Inventor's Signature   |        | Date  |             |
| Residence: City  |        | State   |             |
|  |        | Country   |             |
|  |        | Citizenship   |             |
| Mailing Address  |        |   |             |
| Mailing Address  |        |   |             |
| City   |        | State   |             |
|  |        | ZIP   |             |
|  |        | Country   |             |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231